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Screening Quality Assurance visit report

NHS Cervical Screening Programme Hull University Teaching Hospitals NHS Trust

22 January 2020

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About PHE screening

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Executive summary

The NHS Cervical Screening Programme invites women between the ages of 25 and 64 for regular cervical screening. This aims to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.

The findings in this report relate to the quality assurance visit of the Hull University Teaching Hospitals NHS Foundation Trust screening service held on 22 January 2020.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in cervical screening. This is to ensure that all eligible people have access to a consistent, high-quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to the Hull University Teaching Hospitals NHS Foundation Trust on 16 January 2020
- information shared with the North regional SQAS as part of the visit process

Local screening service

Hull University Teaching Hospitals NHS Foundation Trust (HUTH) serves Hull and parts of East Riding. The Hull Clinical Commissioning Group area has an eligible population of approximately 75,000 women.

NHS England and NHS Improvement North East and Yorkshire have the commissioning responsibility for the NHS Cervical Screening Programme at HUTH. The Hull Clinical Commissioning Group (CCG) is the contract holder for colposcopy services.

Cytology screening and human papillomavirus (HPV) testing for the Hull and East Riding population are provided by Gateshead Health NHS Foundation Trust. Histopathology services are provided at Hull Royal Infirmary.

There is a colposcopy clinic at Hull Royal Infirmary.

Findings

This is the fifth visit to the HUTH cervical screening service. All recommendations from the previous visit in 2014 have been closed.

The service has an experienced cervical screening provider lead in post. The post holder works part-time and there is no deputy in post. The service has a large number of incomplete invasive cervical cancer audit cases, due to lack of capacity in colposcopy to complete the colposcopy reviews. There is also no process in place to offer women disclosure of the outcomes of the audit.

The colposcopy service has a dedicated patient-focused team, who are committed to providing a good service. The service consistently meets waiting time standards for NHS Cervical Screening Programme (NHS CSP) referrals, but has not met standards for timeliness of biopsy results to women. This is largely due to histopathology turnaround times. The colposcopy nursing staff are passionate about improving cervical screening awareness in the local area. They run a #SmearNotFear campaign on social media and hold local events.

There is no lead histopathologist for the NHS CSP. Some of the responsibilities of the role are shared between 2 experienced histopathologists. The service has been unable to fill histopathologist vacancies and is exploring various options to increase service capacity to improve turnaround times.

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 24 January 2020 asking that the following item was addressed within 7 days:

- diathermy smoke extractor in the colposcopy clinic is not effectively removing diathermy emissions

A response was received within 7 days, which assured the QA visit team that the identified risk has been mitigated and no longer poses an immediate concern.

Urgent priority

The QA visit team identified 4 urgent findings. A letter was sent to the service leads on 24 January 2020 asking that an action plan was developed to address the following items within 3 months:

- large number of incomplete colposcopy reviews for the invasive cervical cancer audit
- insufficient capacity in colposcopy to complete the colposcopy reviews for the invasive cervical cancer audit
- no process in place to offer women disclosure of the invasive cervical cancer audit
- future multidisciplinary team (MDT) meetings to be held via video conference, but there is no facility to share slide images via video conferencing and there have been quality issues with video conferencing facilities used for other meetings

A response was received within 7 days, which assured the QA visit team that appropriate steps will be taken to address the identified urgent findings.

High priority

The QA visit team identified 6 high priority findings, as summarised below:

- no deputy for the cervical screening provider lead
- no quarterly cervical management meetings that have representation from all cervical screening service leads
- protocol for results and referral for cervical samples taken outside of colposcopy has not been updated following change of HPV testing and cytology service provider
- no lead histopathologist for the NHS CSP in post
- histopathology service not meeting turnaround time standards for cervical specimens
- no process for monitoring individual histopathologists' performance

Shared learning

The QA visit team identified several areas of practice for sharing, including:

- nurse-led #SmearNotFear campaign, using social media and local public events to raise awareness of cervical screening
- #SmearNotFear team use the colour teal to highlight cervical cancer, and have used this in innovative ways to increase awareness, such as lollipops, body glitter and nursing tunics
- for women who do not attend their colposcopy appointment following a high-grade referral, the service asks that the GP add a flag on the woman's record so this can be highlighted to the woman the next time they visit the practice

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update cervical screening provider lead job description to meet the full requirements of the role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Job description
2	Formally appoint a deputy for the cervical screening provider lead	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Confirmation of deputy
3	Establish quarterly cervical management meetings chaired by the cervical screening provider lead, with representation from all cervical screening service leads including histopathology	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Terms of reference, meeting schedule
4	Make sure a 6-monthly update to cover all NHS Cervical Screening Programme services is provided to	National Service specification	6 months	Standard	6-monthly report with circulation list

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	the clinical governance committee	25, NHS Cervical Screening Programme: the role of the cervical screening provider lead			
5	Make sure that the backlog in colposcopy reports for invasive cervical cancer audit is completed	NHS CSP 28	3 months	Urgent	Completed case workbooks for cases registered between January 2016 and December 2019
6	Implement a process for the offer of disclosure of invasive cervical cancer audit findings	NHS CSP 20	3 months	Urgent	Ratified invasive cervical cancer audit disclosure policy and leaflet
7	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	NHS CSP 28	12 months	Standard	Audit findings and action taken
8	Implement an annual audit schedule that includes all elements of the NHSCSP delivered by the trust and documents outcomes and actions	National service specification 25	12 months	Standard	Annual audit schedule covering colposcopy and histopathology with confirmatory evidence of actions taken
9	Update the protocol for results and referral for cervical samples taken outside of colposcopy	National service specification 25	3 months	High	Ratified protocol
10	Make sure that histopathologists are aware of and follow 'Managing Safety Incidents in NHS Screening Programmes'	Managing Safety Incidents in NHS Screening	3 months	Standard	All histopathologists trained in incident reporting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Programmes			
11	Make sure that there is a formal process in place for the discussion, recording and escalation of screening incidents within colposcopy	National service specification 25, Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Policy
12	Amend trust incident policy to accurately document managing safety incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Ratified policy
13	Document the lines of accountability between the cervical screening provider lead, lead histopathologist and lead colposcopist	National service specification 25	3 months	Standard	Documents outlining accountability arrangements
14	Appoint a lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met	National Service specification 25, Cervical Screening Programme: Histopathology Reporting Handbook	6 months	High	Job description, job plan with dedicated professional activity allocation
15	Nominate a deputy histopathologist for the NHS Cervical Screening Programme	National Service specification 25, Cervical	6 months	Standard	Confirmation of appointment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Screening Programme: Histopathology Reporting Handbook			
16	Make sure the lead colposcopist has an agreed job description that includes dedicated time for the role	National Service specification 25, NHS CSP 20	6 months	Standard	Job description, job plan with dedicated professional activity allocation
17	Make sure that there is sufficient colposcopy capacity to manage the backlog of colposcopy reviews for the invasive cervical cancer audit	NHS CSP 28	3 months	Urgent	Confirmation from lead colposcopist
18	Implement continuous audit of referrals received against outcome to make sure all women are accounted for	Cervical screening: cytology reporting failsafe (primary HPV)	12 months	Standard	Standard operating procedure, audit report
19	Complete workforce planning to ensure there is sufficient colposcopy capacity to manage future demand from human papillomavirus (HPV) primary screening referrals	National service specification 25	12 months	Standard	Workforce plan
20	Nominate a deputy for the lead colposcopist and lead colposcopy nurse	National service specification 25	6 months	Standard	Confirmation of appointments
21	Make sure the lead colposcopy nurse has an agreed job description with dedicated time to complete the management and administration	National service specification 25	6 months	Standard	Job description, job plan with dedicated time

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	elements of role				
22	Review the remit of the lead colposcopy nurse to ensure there is sufficient staffing capacity to complete administration tasks and return calls to patients with enquiries	National service specification 25	6 months	Standard	Outcomes of review

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Develop a workforce plan to sustainably meet turnaround times for reporting NHS Cervical Screening Programme cervical histopathology	Cervical Screening Programme: Histopathology Reporting Handbook	12 months	High	Workforce plan
24	Document sample selection criteria for p16 staining	Cervical Screening Programme: Histopathology Reporting Handbook	3 months	Standard	Standard operating procedure
25	Make sure that standard forms for reporting cervical histopathology are used for all NHS Cervical Screening Programme specimens	Cervical Screening Programme: Histopathology Reporting Handbook	3 months	Standard	Report form

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Document the procedure for the assessment and acceptance of locum staff prior to appointment	Cervical Screening Programme: Histopathology Reporting Handbook	6 months	Standard	Standard operating procedure
27	Implement guidance outlined within the histopathology reporting handbook, including individual pathologist performance monitoring	Cervical Screening Programme: Histopathology Reporting Handbook	6 months	High	Audit of service model against guidance and action taken to address gaps
28	Implement annual histopathology audit schedule for NHS Cervical Screening Programme work	Cervical Screening Programme: Histopathology Reporting Handbook	12 months	Standard	Annual audit schedule with confirmatory evidence of actions taken

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Make sure there is sufficient administration cover for the colposcopy service	National Service specification, NHS CSP 20	6 months	Standard	Absence cover arrangements
30	Risk assess the safety of the diathermy smoke extractor	National Service specification, NHS CSP 20	7 days	Immediate	Risk assessment and actions taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Make sure that delays in accessing clinic supplies do not impact on patient waiting time in clinic	National Service specification, NHS CSP 20	3 months	Standard	Review of clinic supply availability and action taken
32	Document a process for recording of colposcopy findings in the operating theatre	NHS CSP 20	3 months	Standard	Standard operating procedure
33	Audit use of new colposcopy database to demonstrate that accurate and consistent KC65 data can be extracted to support clinical audit and provide the necessary data requirements for NHS Cervical Screening Programme	NHS CSP 20	12 months	Standard	Audit findings and actions taken
34	Implement a standard operating procedure for the production and validation of KC65 data	NHS CSP 20	3 months	Standard	Standard operating procedure
35	Update the local colposcopy clinical guidelines to reflect NHS Cervical Screening Programme guidance and include information on conservative management of cervical intraepithelial neoplasia (CIN) 2	NHS CSP 20	6 months	Standard	Ratified guidelines
36	Make sure there are protocols in place for the use of diathermy and that staff are kept up to date	NHS CSP 20	3 months	Standard	Standard operating procedure, training records
37	Implement a protocol for the use of ablative techniques	NHS CSP 20	3 months	Standard	Standard operating procedure
38	Update the specimen collection, handling and management standard operating procedure	NHS CSP 20	3 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Make sure that there is equity of appointment allocation for all colposcopists	National service specification 25	6 months	Standard	Clinic templates
40	Implement a colposcopy induction protocol	National service specification 25	6 months	Standard	Protocol
41	Make sure there is a performance management policy for medical staff	National service specification 25	6 months	Standard	Policy
42	Implement standard operating procedures for colposcopy administrative processes, including direct referrals, failsafe, results and discharge	NHS CSP 20	3 months	Standard	Standard operating procedure
43	Document the process for requesting flags on women's GP records following non-attendance at colposcopy	NHS CSP 20	3 months	Standard	Standard operating procedure
44	Make sure the colposcopy discharge template is validated by a clinician and submitted to the Cervical Screening Administration Service using the online portal	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	Standard	Standard operating procedure
45	Make sure cervical screening laboratory is informed of women discharged from colposcopy, including non-attenders	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
46	Review results processes to make sure that delays are minimised in letter issue following authorisation of histopathology results	NHS CSP 20	6 months	Standard	Outcome of review and actions taken
47	Audit new-to-follow-up patient ratio to ensure individual colposcopist compliance with NHS Cervical Screening Programme pathways	NHS CSP 20	12 months	Standard	Audit findings and action taken
48	Audit biopsy rates for low-grade referrals	NHS CSP 20	12 months	Standard	Audit findings and action taken
49	Audit presence of high-grade CIN at see and treat for high-grade referrals	NHS CSP 20	12 months	Standard	Audit findings and action taken
50	Update patient information leaflets	NHS CSP 20	6 months	Standard	Revised patient leaflets

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
51	Risk assess the video conferencing equipment and implement suitable facilities for the sharing of images between histopathology and cytopathology for the multidisciplinary team (MDT) meeting	Cervical screening programme: Histopathology reporting handbook	3 months	Urgent	Risk assessment, confirmation of image sharing facilities
52	Develop and implement a local multidisciplinary team (MDT) protocol	NHS CSP 20, National Service specification 25	3 months	Standard	Protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
53	Review multidisciplinary team (MDT) case selection criteria to ensure that capacity can be managed while still meeting the requirements of the NHS Cervical Screening Programme	NHS CSP 20, National Service specification 25	3 months	Standard	Protocol
54	Make sure that there is a documented, auditable process for revisions to histopathology reports and issuing of supplementary reports following multidisciplinary team (MDT) decisions	Cervical screening programme: Histopathology reporting handbook	3 months	Standard	Standard operating procedure
55	Make sure all colposcopists attend a minimum of 50% of multidisciplinary team (MDT) meetings	NHS CSP 20	12 months	Standard	MDT attendance records January 2019 to December 2020

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained in this report.

SQAS will work with commissioners to monitor activity and progress in response to the recommendations made for a period of 12 months after the report is published. After this point SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.